



Handwritten signature/initials

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/776,688-Conf. #3815	
	Filing Date	February 10, 2004
	First Named Inventor	Gregory B. Altshuler
	Art Unit	3739
	Examiner Name	H. M. Johnson
Attorney Docket Number	105090-0232	
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO/SB/08 (1 page)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of International Search Report (w/references attached)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Certificate of Mailing
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Return Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

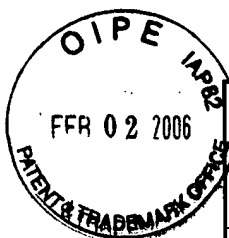
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NUTTER MCCLENNEN & FISH LLP		
Signature	<i>Handwritten signature</i>		
Printed name	Reza Mollaaghababa		
Date	Jan. 31, 2006	Reg. No.	43,810

Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: Jan. 31, 2006 Signature: *Handwritten signature* (Reza Mollaaghababa)



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/776,688-Conf. #3815
		Filing Date	February 10, 2004
		First Named Inventor	Gregory B. Altschuler
		Examiner Name	H. M. Johnson
		Art Unit	3739
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	105090-0232	
TOTAL AMOUNT OF PAYMENT		(\$)	180.00

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 141449
Deposit Account Name: Nutter McClennen & Fish LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)			
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
							Small Entity Fee (\$)	Small Entity Fee (\$)
Fee Description								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
47		- 47 =	x	=	Fee (\$)		Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)				
6		- 6 =	x	=				
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =		/50	(round up to a whole number) x		=			
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,810
Name (Print/Type)	Reza Mollaaghababa	Telephone	(617) 439-2000
		Date	Jan. 31, 2006

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: Jan. 31, 2006	Signature: (Reza Mollaaghababa)



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: Jan 31, 2006 Signature: [Signature]

(Reza Mullaaghababa)

Docket No.: 105090-0232
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gregory B. Altshuler et al.

Application No.: 10/776,688

Confirmation No.: 3815

Filed: February 10, 2004

Art Unit: 3739

For: **BIOSTIMULATION OF THE ORAL
CAVITY**

Examiner: H. M. Johnson

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 CFR 1.97, Applicant(s) hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

Applicant(s) have become aware of the following documents, cited in an International Search Report issued August 5, 2005, during the prosecution of international application no. PCT/US2004/036506, which corresponds to the above referenced application, and in accordance with 37 CFR 1.97(c) and (e)(1) or (b)(3), hereby submit(s) these documents for the Examiner's consideration. These documents are cited on the enclosed PTO Form SB/08, and a copy of the International Search Report and of each document required under 37 CFR 1.98(a)(2) cited thereon are enclosed as well. A full translation of the non-English language reference (G 91 02 407.2) is also enclosed.

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that

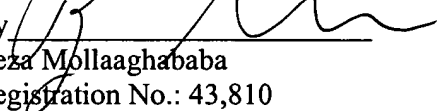
such document is prior art. Moreover, Applicant(s) understand(s) the Examiner will make an independent evaluation of the cited documents.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

Our check in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p) is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 141449, under Order No. 105090-0232.

Dated: Jan. 31, 2006

Respectfully submitted,

By 
Reza Mollaaghababa
Registration No.: 43,810
NUTTER MCCLENNEN & FISH LLP
World Trade Center West
155 Seaport Boulevard
Boston, Massachusetts 02210-2604
(617) 439-2514
(617) 310-9514 (Fax)
Attorney for Applicant



PTO/SB/08a/b (07-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/776,667-Conf. #3788
				Filing Date	February 10, 2004
				First Named Inventor	Gregory B. Altshuler
				Art Unit	3739
				Examiner Name	H. M. Johnson
Sheet	1	of	1	Attorney Docket Number	105090-0233

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
	AA*	US-5,300,097	04-05-1994	Lerner et al.	
	AB*	US-5,342,358	08-30-1994	Daikuzono	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
	BA	G 91 02 407 U1		Mink		
	BB	WO 02/094116		Palomar Medical Technologies, Inc.		
	BC	WO 04/084752		Palomar Medical Technologies, Inc.		
	BD	WO 04/073537		Palomar Medical Technologies, Inc.		
	BE	WO 00/74583		Spectrx, Inc., et al.		
	BF	GB 1 546 625		Shaw		
	BG	EP 0 743 029		Ceramoptec GmbH		
	BH	WO 88/04592		Aesculap-Werke AG		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE NO.: Those application(s) which are marked with an asterisk (*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--